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DECLARATION FOR UTILI	TY OR Attorney Docket Number	24858-703			
DESIGN	First Named Inventor	MOHAN			
PATENT APPLICATIO	COMPLI	COMPLETE IF KNOWN			
(37 CFR 1.63)	Application Number	09/808,741			
Declaration Declaration Submitted		03/14/2001			
with Initial OR Filing (sure	harge Group Art Unit	Not Yet Assigned			
required)	Examiner Name	Not Yet Assigned			

As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
METHOD AND APPARATUS FOR DEVELOPING SOFTWARE								
		(Title of the li	nvention)					
the specification of which is attached hereto OR								
was filed on (MM/	DD/YYYY)	03/14/2001	as United	States Applica	ition Number or F	CT International		
Application Number 09/808,741 and was amended on (MM/DD/YYYY) [] (if applicable).								
I hereby state that I have amended by any amendme.	reviewed and	understand the contents of eferred to above.	of the above id	entified speci	fication, including	the claims, as		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or [365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Prior Not Cla		Certified Copy Attached? YES NO			
Number(3)	Country	(1111)						
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.								
Application Number	r(s)	Filing Date (MM/DD	MYYY)					
60/189,358		03/14/2000	03/14/2000			Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.		

(Page 1 of 2)

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DECLARATION — Utility or Design Patent Application												
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.												
U.S. Parent Application or PCT Parent Number Parent Filing Date Parent Patent Num (MM/DD/YYYY) (if applicable)												
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		international applic										
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 021971 OR Registered practitioner(s) name/registration number listed below												
				egistered p	racting	oner(s) name	e/registra	iuon nume	er listed bei		egistration	
N	ame			nber			Nam	e			Number	
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.												
Direct all correspondence to: Customer Number or Bar Code Label 021971 OR Correspondence address below												
Name	Paul [Davis										
Address		n Sonsini Goodric	& Rosati									
			10110000									
Address		Page Mill Road Alto State CA ZIP 94304										
City	Palo A	dio	Talanhan	650	402.0							
Country U.S. Telephone 650-493-9300 Fax 650-493-6811 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor							entor					
Given Name (first and middle (if any) Family Name or Surname												
Ram P. MOHAN												
Inventor's Signature									Date	4	16/2001.	
Residence: City		Cupertino	State	CA		Country		US	Citizens	hip	US	
Post Office Addre	ess	10960 Santa Te	resa Drive								· · · · · · · · ·	
Post Office Addre	Post Office Address											
014.		C	State			7ID	1	501 <i>4</i>	Country	,	HS	

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

Please Type a plus sign (+) ir	nside this box +
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PTO/SB/02A (3-97)
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)						Family Nam	e or Surnan	ne	,	
	Shariq					MAN	ISOOR		<u> </u>	
Inventor's Signature	Scy			Date 04/26/0/						
Residence: City	Cupertino	State	CA Country US			Citizenship		РК		
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Post Office Address						.,,	· · · · · · · · · · · · · · · · · · ·			
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Name of Additional Joint Inventor, if any:							inventor			
Given Name (first and middle (if any)				Family Name or Surname						
•										
Inventor's Signature					·		Date	Date		
City	State Country						Citizenship			
Post Office Address					······································					
Post Office Address		,		,	, -	<u></u>				
City		State ZIP					Country			
Name of Additional Joint Inventor, if any:						inventor				
Given Name (first and middle (if any)				Family Name or Surname						
Inventor's Signature					· · · · · ·		Date	<u></u>	T	
City		State			Country		Citizenship			
Post Office Address										
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City		State			ZIP		Country			

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